

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) PART B SECTION 611 & 619

ASEP-25: REQUEST FOR ADDITIONAL FUNDS

SED#			
IDEA Flow-Through Section #			
Project Period:			
ASEP Name:		<i>Fiscal Year Reporting Period</i>	
Mailing Address:		Month	Year
City:	State:		
Contact Person:			
Email Address:	Telephone#		

CHIEF ADMINISTRATOR'S CERTIFICATION	
<i>I hereby certify that all information reported herein is true and accurate.</i>	
DATE _____	SIGNATURE _____
(a) Approved Budget <i>(See approved ASEP-10 or ASEP-10-A)</i>	
(b) Grant Receipts to Date <i>(Include carryover payments)</i>	
(c) ASEP Cash Expenditures to Date	
(d) Anticipated Cash Expenditures during Next: <input type="checkbox"/> Period	
(e) Additional Request <i>Line (e) should not exceed 25% of line (a) minus any paid carryover.</i>	

FOR DEPARTMENT USE ONLY

Voucher # _____		Fiscal Year	Payment Split
Finance: <input type="checkbox"/>	<input type="checkbox"/>		
LOG	MIR		